

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11/30/2008



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U- <u>13258</u>	2 Fiscal Year Covered From. 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing. Name Robert E Smith PO Box Bldg Room No. if any 3615 Street Saunders Avenue City Richmond State Virginia ZIP Code + 4 23227	4 Name file number and address of labor organization Name PACE International Union Labor Organization File Number 000-318 PO Box Building and Room Number if any 1475 Street City Nashville State Tennessee ZIP Code + 4 37202
5. Position in labor organization Vice President	

Enter appropriate data below if, during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any) Name Trade Name if any PO Box Bldg. Room No. if any Street City State ZIP Code + 4	7.a Nature of Interest, Transaction, or Income 7.b Amount

Signature

16. Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Robert E. Smith

On

08/10/05 (004) 355-9153

Date

Telephone Number

Name of Person Filing Robert Smith	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name Weaver C Barksdale</p> <p>Trade Name if any</p> <p>P O Box Bldg. Room No if any Suite 450</p> <p>Street Ten Cadillac Drive</p> <p>City Brentwood</p> <p>State Tennessee ZIP Code + 4 37027</p>	<p>9 Business deals with</p> <p><input type="checkbox"/> a Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b or 9.c. is checked give trust or employer's name</p> <p>Name PACE Pension Fund Employees</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any 1475</p> <p>Street</p> <p>City Nashville</p> <p>State Tennessee ZIP Code + 4 37202</p>	<p>11 a Nature of such dealing</p> <p>Dinner with Trustees</p> <p>11 b. Approximate dollar value of such dealing \$60</p> <p>12.a Nature of interest held or income received</p> <p>12.b. Amount</p>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14 b. Amount of payment.</p>

Name of Person Filing Robert Smith	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8. Name and address of Business (including trade name if any)</p> <p>Name Davis - Hamilton - Jackson</p> <p>Trade Name if any</p> <p>P O Box, Bldg. Room No if any</p> <p>Street 1401 McKinney Street</p> <p>City Houston</p> <p>State Texas ZIP Code + 4 77010</p>	<p>9 Business deals with</p> <p><input type="checkbox"/> a Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b or 9.c. is checked give trust or employer's name</p> <p>Name PACE Pension Fund Employees</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any 1475</p> <p>Street</p> <p>City Nashville</p> <p>State Tennessee ZIP Code + 4 37202</p>	<p>11 a Nature of such dealing</p> <p>Buffet Dinner</p> <p>11 b. Approximate dollar value of such dealing \$35</p> <p>12.a Nature of interest held or income received.</p> <p>12.b Amount</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box, Bldg. Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14 b Amount of payment.</p>

August 21, 2005

U S Department of Labor
Office of Labor-Management Standards
Washington, D C 20210

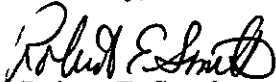
Re LM 30 filing for 2004

To Whom It May Concern

I am sending the above captioned document by overnight mail. As you can see from the included envelope I attempted to mail this earlier to make sure that it arrived in your office by August 15, 2005. I have been on vacation since August 12, 2005 and am just returning home this date. I apologize for this document not arriving timely, however I followed all of the proper steps when I originally mailed the document. I suppose that the original postage somehow became detached. Consequently, I am making a whole hearted attempt to correct this error.

Please accept this as a timely filing. It was originally mailed on August 11, 2005.

Sincerely,


Robert E. Smith